

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

CERTIFICATE AMENDED

SEE NOTATION *

SURNAME OF BOTH CHILD AND FATHER
AMENDED BY AFFIDAVIT OF REGISTRAR
AND BIRTH RECORD OF BROTHER 1.8-8-72 (ma)
ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 179

County Registrar No. _____

Local Registrar No. 158

No. Encl 11 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martha Ines MORONEZ

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

F

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate?

Yes

7. Date

of birth 7-30-1926

Month Day Year

5. No., in order of birth _____

8.

FATHER

MORONEZ

Full name

Refugio Ines

14.

MOTHER

Full maiden name

Maria Marcias

9. Residence

(Usual place of abode)

Encl 11

If non-resident, give place and state.

Globe

15. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

10. Color or race

Mex

11. Age at last birthday 38 (Years)

16. Color or race

Mex

17. Age at last birthday 34 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco
Mexico

18. Birthplace (city or place)

(State or country)

Jalisco
Mexico

13. Occupation

Nature of industry

Miner

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____

(Born alive or ~~stillborn~~)

at 12:30 A.m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Globe

W. W. Horst

(Physician or midwife)

Address

Given name added from a supplemental report

Month, day, year

Filed

7-31 1926

W. W. Horst

Local Registrar.

Registrar

Filed

19

County Registrar

449-730-442